Form **8871** (July 2000)

Political Organization Notice of Section 527 Status

OMB No. 1545-1693

Department of the Internal Revenue Part I **General Information** Employer identification number 1 Name of organization 304-1656 Democratic Assembly Campaign Committee Mailing address (P.O. Box or number, street, and room or suite number) 107 Washington Ave., Suite lLL City or town, state, and ZIP code Albany, NY 12210 3 E-mail address of organization dacc@nysdacc.org 4a Name of custodian of records 4b Custodian's address 107 Washington Ave., Suite lLL David M. Louis Albany, NY 12210 5a Name of contact person 5b Contact person's address Sherman S. Jewett 107 Washington Ave., Suite 1LL Albany, NY 12210 Business address of organization (if different from mailing address shown above). Number, street, and room or suite number City or town, state, and ZIP code Part II Purpose Describe the purpose of the organization Party committee of state Democratic Party List of All Related Entities (see instructions) 8a Name of related entity 8b Relationship 8c Address

Form 8871 (7-2000)		Page Z
	ectors, and Highly (9b Title	Compensated Employees (see instructions) 9c Address
9a Name	90 Title	107 Washington Ave., Suite lLL
Hon. Sheldon Silver	Honorary Chair	10, 112111111111111111111111111111111111
		Albany, NY 12210
Hon. Ron J. Canestrari	Co-Chair	107 Washington Ave., Suite lLL
		Albany, NY 12210
Hon. Thomas P. DiNapoli	Co-Chair	107 Washington Ave., Suite lLL
		31han. NV 12210
		Albany, NY 12210
David M. Louis	Treasurer	107 Washington Ave., Suite lLL
		Albany, NY 12210
Sherman S. Jewett	Executive Director	107 Washington Ave., Suite lLL
		Albany, NY 12210
Under condition of making I deal	are that the organization name	ed in Part I is to be treated as an organization described in section 527 of the Internal
Revenue Code, and that I have exit is true, correct, and complete.	xamined this notice, including	accompanying schedules and statements, and to the best of my knowledge and belief,
10	/ //	
Sign Signature of authorized of	Into	7/31/00
Here Signature of authorized of	ficial	▼ ' Date